

August 4, 2003

Mr Elton Humphery
Secretary
Inquiry into children in institutional care
Parliament House
Canberra ACT 2600



Dear Mr Humphery

Re: Children in Care Inquiry

Further to your correspondence regarding the forthcoming inquiry into children in institutional care, please find attached copies of two articles which examine the issue of children in care relating to the NSW prisoner population.

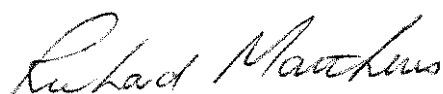
Both publications were developed from data collected as part of the 1996 and 2001 Inmate Health Surveys. The first article (Butler *et al*, 2000) examines the issue of childhood removal from the family among Aboriginal inmates, and the second is an extract from the 2001 Health Survey which describes the number of prisoners who report being in care as children.

The care data from the 2001 health survey is currently being analysed in the context of childhood care as a form of disrupted attachment and its association with mental health status. Unfortunately, this information is currently not available for submission to the inquiry. However, preliminary analysis of these data indicates that those with disrupted attachment have poor mental health compared with those who have minimal disruption.

Overall, it appears that a significant number of prisoners have been exposed to the care system and that this may be associated with poor mental health.

Should you require any further information please do not hesitate to contact Tony Butler, Research Manager on (02) 9289 2928

Yours sincerely



Dr Richard Matthews
Chief Executive Officer

THE 2001 NEW SOUTH WALES INMATE HEALTH SURVEY



Tony Butler
Lucas Milner

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Copies of the report are available from:
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Childhood Care Experiences

Most people who have been through the care system experience disrupted attachment such as the loss of a parent(s), multiple care placements, and inappropriate relationships with those responsible for providing care. Disrupted attachment leads to psychosocial maladjustment, mental health problems, and there is some evidence that it increases the risk of criminality.²¹

One possible reason for over-representation of people in prison who have experienced childhood care episodes in NSW prisons is based on the theory of attachment. Attachment theory proposed originally by Bowlby suggests that significant disruption to child-parent bonds, especially between mothers and their babies, will have negative outcomes upon the psychological development of the child.²²

Indigenous Australians have suffered more than other groups in terms of parental separation and care placement. However, it should be recognised that there are many non-indigenous Australians who have also experienced care placements. In 2000/2001, there were over 9,000 (0.6% of those under 16) children and young people in care in NSW.¹

Thirty-five (23%) women and 149 (21%) men had been in care before they were sixteen years old. The most common form of care was in boys' or girls' homes (women 9%; men 9%) (Table 11). Those reporting other types of care included refuges and church organisations.

Among those who had been in care, the duration ranged from less than six months (women 3%; men 12%) to those who had spent their entire childhood in care (women 39%; men 28%) (Table 11). The median age at the first care placement was eight years for women and ten years for men. Women were more likely than men to report six or more separate care episodes (Table 11).

Type of Care	Men		Women	
	Freq.	% Cases	Freq.	% Cases
In a Home	60	8.5	13	8.7
With an Extended Family	52	7.4	10	6.7
Foster Care	47	6.7	10	6.7
Other	10	1.4	4	2.7

¹ Source: NSW Department of Community Services, Foster Care Fact Sheet. July 2002.

Time in Care	Freq.	%	Freq.	%
Less than 6 months	16	11.9	1	3.2
6 months to less than 1 year	20	14.9	4	12.9
1 year to less than 2 years	20	14.9	2	6.5
2 years to less than 5 years	40	29.9	12	38.7
Entire Childhood	38	28.4	12	38.7
Total	134	100.0	31	100.0

Care Episodes	Freq.	%	Freq.	%
1	71	50.4	15	45.5
2 - 5	54	38.3	10	30.3
> 5	16	11.3	8	24.2
Total	141	100.0	33	100.0

Table 11: Type of care / total time in care / number of care episodes

Aboriginal Removal from Family

Six (33%) indigenous women and 56 (32%) indigenous men had been removed from their parents as children with most reporting this occurred before the age of ten (Table 12). Placement with another Aboriginal family was the most common form of care (Table 12). Two (33%) women and 15 (27%) men had never been returned to their parents.

Four (31%) Aboriginal women and 30 (21%) Aboriginal men reported that their parents had been forcibly removed from their families as children.

Age (Years)	Men		Women	
	Freq.	%	Freq.	%
0 - 5	21	38.2	3	60.0
6 - 10	16	29.1	0	0.0
11 - 14	18	32.7	2	40.0
Total	55	100.0	5	100.0

Care Placement*	Freq.	% Cases	Freq.	% Cases
Aboriginal Family	23	40.4	3	50.0
Institution	22	38.6	2	33.3
Non-Aboriginal Family	13	22.8	2	33.3

*More than one type of care could be reported

Table 12: Age when removed from parents / where placed

The long-term factors associated with removal from parents amongst Indigenous prisoners in NSW

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Recent interest in the 'stolen generation' has focused on estimates of the numbers of children removed from their parents and the long-term consequences of removal.

In 1996 we collected physical and mental health information on a representative sample of 789 inmates in NSW correctional centres. Participants underwent infectious diseases screening and an extensive face-to-face interview examining a wide range of physical and mental health variables.^{1,2,3} Included in the sample were 235 Indigenous inmates who were asked whether they had been removed from their parents as a child. Information on removal from parents was available for 198 of the 235 (84%).

Sixty-eight inmates (34%) reported that they had been removed as children. The median age of removal was 5 years (range = 0 to 15), with 82% reporting removal under 10 years of age. A higher proportion of female Indigenous prisoners had been removed than males (56.5% vs. 31.4%), and removed Indigenous prisoners were more likely to be in the 25 to 40 years age range than not removed prisoners.

Table 1 compares the findings from Indigenous inmates removed as children with those who were not removed. In terms of long-term social and mental health indicators, the removed prisoners were significantly more likely to have been imprisoned on more than 5 previous occasions (35.8% vs. 17.1%), to have been subject to child sexual assault (30.9% vs. 11.5%), and to have attempted suicide in the past (38.2% vs. 20.8%).

These data do not allow firm conclusions to be drawn as to whether the policy of removing Indigenous children from their parents caused these adverse long-term findings. However the significant association does at least suggest that separation from parents during childhood may be an additional and important factor to be taken into account in assessing the relationship between the economic, social and cultural disadvantage experienced by Indigenous Australians and adverse physical and mental health outcomes.

These findings are consistent with other research. The findings on imprisonment are consistent with the findings from the ABS survey which found that Indigenous people removed in

childhood had almost double the imprisonment rate of those not removed.⁴ The proportion of removed children in the present study (34%) is consistent with the proportions reported in the research reviewed in the Human Rights and Equal Opportunity Commission (HREOC) report (30-33%).⁵ The inflated levels of child sexual assault and suicide attempts found in the present study are also in agreement with the findings reviewed in the HREOC report.

The present study sheds no light on the reasons for the separation. The fact that 82% of the removed Indigenous prisoners were removed before the age of 10 years suggests that juvenile justice proceedings were not a primary reason. The age of criminal responsibility in NSW is 10 years. The HREOC report documented the over-representation of Indigenous children in removals for welfare reasons which in most jurisdictions were not subject to adequate legal review. The report noted that even as late as the 1980s Aboriginal children were being separated from their families in large numbers, although the dominating force has shifted from assimilation policy to contact with the child welfare and juvenile justice systems.

The findings from the present study suggest that the possible long-term consequences of such policies may be far reaching in terms of the effect on the health of Indigenous Australians and clearly indicate a need for further research.

Table 1: Univariate odds ratios for factors associated with removal from parents as a child in NSW Indigenous prisoners.

Risk factors	Removed		Not		Odds Ratio	p-value
	n	%	n	%		
Age						
<25	20	29.4	59	45.4	1.0	
25-40	37	54.4	49	37.7	2.2	0.02
>40	11	16.2	22	16.9	1.5	0.4
Education status						
No schooling	41	64.1	79	63.2	1.0	
School certificate/Trade qual.	16	25.0	42	33.6	0.7	ns
Tertiary/Professional qual.	7	10.9	4	3.2	3.4	ns
Previous imprisonments						
1-5	43	64.2	107	82.9	1.0	
>5	24	35.8	22	17.1	2.7	0.003
Psychiatric treatment						
No	40	58.8	92	70.8	1.0	
Yes	28	41.2	38	29.2	1.69	ns
Suicide attempts						
No	42	61.8	103	79.2	1.0	
Yes	26	38.2	27	20.5	2.36	0.008
Self-harm						
No	51	75.0	105	81.4	1.0	
Yes	17	25.0	24	18.6	1.5	ns
Depression						
Nil	40	61.5	79	63.7	1.0	
Mild	16	24.6	26	21.0	1.2	ns
Moderate/severe	9	13.8	19	15.3	0.9	ns
Alcohol consumption						
Safe	3	6.1	17	16.5	1.0	
Harmful/hazardous	46	93.9	86	83.5	3.0	ns
Injecting drug user						
No	9	20.9	24	30.6	1.0	
Yes	34	79.1	54	69.2	1.7	ns
Childhood sexual abuse						
No	47	69.1	115	88.5	1.0	
Yes	21	30.9	15	11.5	3.4	0.001
Self-assessment of health						
Good/very good/excellent	50	73.5	97	74.6	1.0	
Fair/poor	18	26.5	33	25.4	1.06	ns

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5. Human Rights and Equal Opportunity Commission. *Bringing Them Home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families*. Canberra: Sterling Press Pty Ltd, 1997.

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Smoke rings around the Olympics

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Since the first compelling evidence establishing a firm link between smoking and lung cancer in the 1950s, the tobacco industry has adopted an array of strategies to maintain the position of smoking in the economic and social life of the community. In 1983, the Australian Medical Association¹ rightly recognised that, to tackle the nation's number one preventable health problem, strong measures were required to reduce the social acceptability of smoking and to reduce the tobacco lobby's power. The AMA policy recommended that "objective action is necessary to change the social climate so that smoking is no longer viewed as desirable or tolerated as normal.....and to change the economic and legislative climate so thatinfluences promoting smoking cease....."¹

In relation to sports sponsorship, although this was theoretically banned in 1976 by the Fraser Government, it was not until 1995 that a ban on "incidental" broadcasting of tobacco advertising at sports events came into effect. Nonetheless, the tobacco industry is still able to advertise its wares at a few events of international significance, such as the Melbourne Formula One Grand Prix which are given special exemptions by the Federal Health Minister.

Given the Olympic commitment to humanitarianism, fair play, fitness and sporting excellence, it would seem surprising that the Sydney Organising Committee for the Olympic Games (SOCOG) could possibly allow its name to be associated with the tobacco industry in any way. This is even more surprising given the awareness that the Olympic movement has, or

exploit such connections as part of an organised campaign to mislead. The SOCOG Board membership of the Chairman of WD & HO Wills, now BAT Australia, Mr Nick Greiner, seems totally inconsistent with the Olympic ideals and has been subject to strong criticism and protest action by the Non-Smokers' Movement of Australia.²

We assessed whether this is another issue where SOCOG is out-of-step with public opinion. In the context of an omnibus, computer assisted telephone interview survey of cancer knowledge, attitudes and behaviours conducted by an independent market research company, respondents were asked to rate their agreement with the following statement: "Representatives of the tobacco industry should be able to serve on the Sydney Organising Committee for the Olympic Games (SOCOG)." Survey respondents were randomly selected from the NSW White Pages and a raw response rate of 80.0% was achieved. The question was deliberately worded in a positive way to eliminate the possible accusation that those surveyed were encouraged to give an anti-tobacco industry opinion. Results of the survey are shown in Table 1.

Table 1: Survey respondents' views on whether representatives of the tobacco industry should be able to serve on SOCOG.

Response	Frequency	Percent
Strongly Agree	5	2.4
Agree	57	27.0
Neither	22	10.4
Disagree	71	33.6
Strongly Disagree	44	20.9
Don't know	12	5.7
Total	211	100.0

Even with the industry favourable wording, a majority of respondents were opposed to tobacco industry involvement on SOCOG. Less than one-third actually favoured such involvement. This result supports other Australian research demonstrating that tobacco companies are held in low regard by the public.³

We call on SOCOG to recognise that Mr Greiner's membership of the Board is at variance with the Australian public's commitment to Olympic ideals and to reflect public opinion by terminating his appointment immediately. Furthermore, we urge the International Olympic Committee to make it a condition for future host cities that the tobacco industry has no role in the organisation or sponsorship of future Olympic Games.

References

1. Policies of the Australian Medical Association and Directory for 1987-88. Glebe, Sydney: Australian Medical Association, 1988
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